## INJURY STIPULATION AND CONTESTED ISSUES

## KENTUCKY DEPARTMENT OF WORKERS' CLAIMS

CLAIM NO(S).				
BEFORE ALJ				
	PLAINTIFF/EMPLOYEE			
VS.				
	DEFENDANT/EMPLOYER(S)			
STATEMENT OF PROPOSI AND NOTICE OF CONT				
I. STIPULAT	ΓIONS			
1. Coverage under the Act: Yes At issue				
2. An employment relationship existed between the plaint relevant times: Yes At issue	tiff/employee and defendant/employer at all			
3. Plaintiff/Employee sustained a work-related accident/in  Yes At issue	injury(ies) on:, 20			
4. The Defendant/Employer received due and timely notice injury(ies): Yes At issue	ce of Plaintiff/Employee's accident and			
If at issue, when did the Defendant/Employer receive	notice?, 20			
5. Plaintiff/Employee's average weekly wage:	At issue			
6. Temporary total disability benefits were paid at the rate  through  End date	_			
Start date End date  7. The Defendant/Employer has paid a total of \$ injury.	for medical expenses as a result of this			

8. The following medical expenses are in dispute:

Medical Provider	Service	Date	Amount	Nature of Dispute		
9. Plaintiff/Employee returned to work: Yes No At issue						
10. Plaintiff/Employee is working currently Yes No At issue						
11. Plaintiff/Employee's weekly wage upon return to work: \$ At issue						
12. Plaintiff/Employee retains the physical capacity to perform the type of work he/she did at date of injury:  Yes At issue						
13. Plaintiff/Employee's date of birth:,						
14. Plaintiff/Employee's education level:						
15. Plaintiff/Employee's specialized or vocational training:						
16. Other matters:						
II. CONTESTED ISSUES						
The following issues are cont						
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PLEASE NOTE:						
1. All matters not in controversy should be stipulated.						
2. The issues listed above will be considered by the Administrative Law Judge.						
This theday	of		, 20			
Attorney		_				